| | | AFFIC CRASH REPOR | RT | | OH-1 (Rev. 1 | -82) | | | | |
|---------------------------|---|--|---------------------------------------|--------------------|--|-----------------|---|---|--|--|
| | LOCAL REPORT NO. | 15-8125 00H-2 | Lebanon | Police | 08303 | 00 | ODHS U | SE ONLY - 00 NO | T MARK ABOVE | |
| | REPORT TAKEN | AT STATION NO OF VEH PEDESTRIANS INVOLVED | CRASH SEVER | INJURY | T SEVERE) | E ONLY | COMBINED VEH/PROP LOSS | OVER \$150 UNDER \$150 | HIT SKIP SOLVED UNSOLVED | |
| | IN COUNT | EPORT NO. 15-8125 OH-3 Lebanon Police O830300 ODHS USE ONLY - 00 NOT MARK ABOVE EPORT AT STATION NO OF VEH PEDESTRIANS INVOLVED AKEN AT SCENE OF WARREN IN COUNTY OF WARREN IN CITY LEBANON ODHS USE ONLY - 00 NOT MARK ABOVE COMBINED VEH PROPERTY DAMAGE ONLY COMBINED VEH PRO | | | | | | | | |
| | CRASH OCCURREDION A PORTMENTS WITHIN THE INTERSECTION OF | | | | | | | | | |
| | IF NOT IN IN | TERSECTION | N E | (LIST NEAF | REST INTERSECTING | G STREET | r, MILEPOST, HO | OUSE NO. | CITY CODE | |
| | MILESFEET " S OF | | | | | | | | | |
| | | 2002 | | 1113 | 1111 | | | 11 | | |
| | A UNIT NO. 1 NO OF OCCUPANTS O OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT CONTACT INSURANCE CO OR AGENT CONTACT INSURANCE CO | | | | | | | | | |
| | ROBERS (NO., STREET, CITY, STATE, ZIP CODE) KUPTZ, Athur ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 570 NState Route 741 Lebanon, Ohio, 45036 | | | | | | | | | |
| | PHONE NO. 513-6 | 95-2256 BIR | 17 59 57 | SEX SOCIAL S | ECURITY NO. | | STATE | GCJ 239 | OCCUPATION OCCUPATION | |
| N | OWNER (IF SAME AS DRIVER, WRITE SAME) ADDRESS PHONE Same Same | | | | | | | | | |
| SECTION | VEH YR | | | COLOR STY | | LICENSE | PLATE NO. | TOWING SER | | |
| ESE | 2010 | Vodge 1 | Jan | BIVL | OH | TPE | 011110 | NIA | FROM TO | |
| DRIVER-PEDESTRIAN-VEHICLE | CIRCLE DAMAGE SEVER 1 | | | | CTIONAL NONE MODERATE SPRIVEN AWAY AL SIGHT HEAVY REMAINED AT SCENE FIRE DUE TO CRASH | | | | | |
| | 8 UNIT NO. | NO OF OCCUPANTS | OPERATING | DISABLING PARKED D | PRIVERLESS HIT8 | RUN NO | ON-CONTACT | I TOWED INSURANCE CO. OR AGENT | OTHER FIRE | |
| | DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | | | | | | |
| R-PE | PHONE NO. BIRTHDATE AGE SEX SOCIAL SECURITY NO. STATE DRIVER'S LICENSE NO. OCCUPATION 513-228-1548 4.37.50 6 4 114 114 114 114 114 114 114 114 114 | | | | | | | | | |
| SIVE | OWNER (IF SAME AS DRIVER, WRITE SAME) ADDRESS PHONE | | | | | | | | | |
| D | Some | | | | same same | | | | | |
| | 2064 | MAKE M | ODEL 45 | COLOR STY | 0 611 | LICENSE | PLATE NO. (57763) | TOWING SER | RVICE VEH/PED DIR | |
| | CIRCLE DAMAGE AREAS | 2 (3) 4 | 9 TOP DA | MAGE SEVERITY | | | DERATE VEHI | CLE DISPOSITION DRIVEN AWAY | FIRE NO FIRE | |
| | AREAS | | 10 UNDER CAR 11 LOAD 12 TRAILER | FUNCTIONAL | | | | REMAINED AT SCI | ENE FIRE DUE TO CRAS | |
| | C FROM UNIT | NAME (LAST, FIRST, MI) | 12 TRAILER | DISABLING | BIRTHDATE | AGE | POS | J TOWED SITION | OTHER FIRE INJURIES | |
| | NO. | ADDRESS | | | m D V | SEX | A B C | D E F | A B C D E F | |
| | FROM UNIT | NAME (LAST, FIRST, MI) | IAME (LAST, FIRST, MI) | | | | | | I FATAL 2 SERIOUS VISIBLE | |
| ON | NO. | ADDRESS | | | m D y HONE | SEX | | 3 6 2 6 0 4 | 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED | |
| SECTION | FROM UNIT | NAME (LAST, FIRST, MI) | | | BIRTHDATE | AGE | | 66 7 | CONDITION | |
| . 30 | o. | ADDRESS | | Р | HONE' | SEX | _4. | 612L- | 1 I APPARENTLY NORMAL | |
| OCCUPANT | FROM UNIT | NAME (LAST, FIRST, MI) | | | BIRTHDATE | AGE | 16 | | 2 SICK | |
| OCC | NO. | ADDRESS | | | m D y PHONE | SEX | | TRAINTS | 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN | |
| | A B | A B C INJURED TAKEN TO By | | | | | A B C O E F | | ALCOHOL | |
| | D E F A B C INJURED TAKEN TO By | | | | | | I NOT USED 2 NONE AVAILABLE | | A YES B YE | |
| | - | D E F | | | | | 3 LAP BELT USED I TESTED TESTED | | | |
| Z | A B S | OFFENSE CHARGED AND DESCRIPTION CITYORD. | | | | | | 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN | | |
| 010 | | RC. OFFENSE CHARGED | AND DESCRIPTION | | | | EJE | CTION | DRUGS | |
| EA | RECEIVED DISPATCHED ARRIVED CLEARED OTHER TIME TOTAL | | | | | INUTES | A B C | D E F | A TESTED 0 TESTE | |
| POLIC | DATE REPORT FILED PHOTOS OFFICER'S NAME BADGE NO. | | | | | INOT EJECTED 1 | | | - 1.10 | |
| | 5 18 M D | Johns Fildomes 100 | | | | | 3 TOTAL 4 TRAPPED INSIDE VEHICLE 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG | | | |
| | State Ptl-01: | 2 2/13/03 | | | | | | | | |